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Postoperative Rehabilitation Guidelines **Arthroscopic Superior Labrum Repair (SLAP Repair)**

The following protocol is intended as a general guideline for the physical therapist, athletic trainer, and patient after arthroscopic anterior shoulder stabilization. These guidelines are designed to facilitate the expedited and safe return to athletic or professional activity and are based on a review of the current scientific principles of shoulder rehabilitation. For the treating health care provider these guidelines should not serve as a substitute for individualized clinical decision making during the patient's post-operative course following anterior stabilization. It should rather take into consideration the individual's physical findings, progression, and possible post-operative limitations. If the therapist or patient requires assistance or encounters any postoperative complication they should consult with **the surgeon**.

POSTOPERATIVE INSTRUCTIONS

Postoperative Phase (Day1 -2)

GOALS:

1. Protect the repair
2. Control pain and swelling
3. Begin early shoulder motion

Activities:

1. Apply ice/cryocuff/Game Ready to shoulder as tolerated to reduce pain and swelling.
2. Remove the sling on the 1st day after surgery.
3. Move your elbow, fingers, and hand several times a day.
4. Start pendulum exercises several times a day.
5. Remove dressing on postoperative day 2, leave white steri-strips/sutures intact.
6. You may shower on day 2 after dressing removed but do not submerge in a tub.

Call your surgeon's office for any concerns, including, but not limited to: severe pain, fevers >101.5, chills, redness, or excessive wound drainage.

REHABILITATION AFTER SLAP REPAIR

PHASE 1: WEEKS 1-4

GOALS:

1. Protect the surgical repair
2. Ensure wound healing
3. Prevent shoulder stiffness
4. Regain range of motion
5. Control pain and swelling

Activities:

1. Use your sling most of the time for the first 4 weeks.
2. Remove the sling 4-5 times a day to do pendulum exercises.
3. You may use your hand on the operated side in front of your body, but do **NOT** raise your arm overhead.
4. Avoid reaching behind your back and head.
5. Avoid reaching across your chest.
6. You may bend your arm at the elbow, but do **NOT** lift any objects > 2 lbs.
7. Use of a computer or writing is okay as long as it is not painful.
8. Use ice/cooling device every day 3-4 times/ day for 15- 30 minutes.

Physical Therapy:

1. Pendulum exercises
2. Supine external rotation
3. Supine passive arm elevation
4. Behind the back internal rotation (under the supervision of the physical therapist)
5. Isometric exercises: internal and external rotation at neutral
6. Rhythmic stabilization and proprioceptive training drills with physical therapist
7. Ball squeeze exercise
8. Scapular retractions

PHASE 2: WEEKS 5-7

GOALS:

1. Protect the surgical repair
2. Improve range of motion of the shoulder
3. Begin active strengthening exercises

Activities:

1. Discontinue sling.
2. Use operated arm for most daily activities.

3. Avoid forceful pushing or pulling and lifting > 2.5 lbs.
4. Avoid activities that heavily recruit the biceps muscle.

Physical Therapy:

1. Theraband internal and external rotation
2. Supine and standing active range of motion exercises
3. Supine and standing external rotation
4. Prone rowing
5. Active RTC strengthening exercises up to shoulder level
6. Scapular stabilization strengthening
7. UBE no resistance

PHASE 3: WEEKS 8-12

GOALS:

1. Protect the surgical repair
2. Regain full range of motion
3. Progress strength training

Activities:

1. Use the arm for normal daily activities.
2. You may raise the arm away from the body.
3. Avoid carrying objects heavier than 2 lbs. with the arm away from the body.
4. Avoid forceful pushing or pulling activities involving more than 10 lbs.

Physical Therapy:

1. Continue prior exercises.
2. Internal rotation stretch towel stretching
3. Supine Cross- Chest stretch
4. Progress strengthening for ER/IR, forward flexion, scapular stabilizers.
5. Standing forward punch with maximum resistance 2 lbs.
6. Gradual increase of biceps strengthening 1-5 lbs.
7. UBE low resistance

PHASE 4: WEEKS 13-16

GOALS:

1. Protect the surgical repair
2. Initiate functional activities
3. Prevent shoulder stiffness
4. Continue progressive strengthening and range of motions exercises

Activities:

1. Use your arm for daily activities with minor limitations.
2. Home exercise program for progressive strengthening.
3. Start weight training under the direction of your therapist/surgeon.

Physical Therapy:

1. Continue stretching and strengthening exercises from phase 3.
2. Prone external rotation @ 90 degrees abduction “W”s
3. Increase bicep strengthening
4. Resisted forearm supination
5. Start plyometric program

PHASE 5: WEEKS 17-20

GOALS:

1. Progression of functional activities
2. Maintain motion and strength
3. Return to full function/ athletic activities
4. Continue progressive strengthening and range of motions exercises

Activities:

1. Daily activities without limitations.
2. Continue weight training and home exercise program.
3. Gradual return to athletics under the direction of therapist/ surgeon.

Physical Therapy:

1. Continue plyometric program.
2. Agility drills
3. Sports specific exercises and drills
4. Interval Sports program
5. Return to Sports instructions

These guidelines were written and approved by Kai Mithoefer, MD
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